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13. ABSTRACT (Maximum 200 Words)

The Relationships of Stress Exposures to Health in Gulf War Veterans study of 10,000 Operation Desert Shield/Storm (ODS/S) veterans (including 5,000 females) uses a national probability-based clustered design in which the mail survey units are a proportional-to-size probability sample of metropolitan areas and county groups from the mailing addresses of veterans who were deployed to the Persian Gulf during ODS/S. The mail survey will provide information on physical health outcomes, exposure to traumatic stressors, psychological functioning, and some basic socioeconomic characteristics. A second systematic sample of over 2,000 male and female veterans will be selected in equal proportions from two groups (Gulf War veterans who reported symptoms of Gulf War Illness and those who did not). This sample will be administered a computer-assisted telephone interview (CATI) that focuses on collecting more in-depth information on premilitary trauma exposure; military-Gulf War trauma and other stress exposures; psychiatric symptoms and disorder, including posttraumatic stress disorder (PTSD), major depression, dysthymia, and substance dependence; social support during the Gulf War and upon homecoming; and socioeconomic outcomes, including labor market functioning and health care service utilization. The mail survey questionnaire has been compiled and formatted for pilot testing and the Desert Shield/Storm (DS/S) and the Comprehensive Clinical Evaluation Program (CCEP) databases are being prepared for selecting the study sample. (195 words)

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## **FOREWORD**


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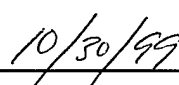
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PI - Signature Date

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## **INTRODUCTION: Brief Narrative of Subject, Purpose and Scope of the Research**

Research on Gulf War (GW) illnesses leaves many questions unanswered about diagnostic syndromes of GW illnesses, dimensions of stress and stress exposures encountered by GW veterans, relationships of stressors and GW health syndromes, and factors that may mediate relationships. The proposed study has five key aims that will begin to address these gaps and enhance understanding of undefined GW illnesses:

- (a) To identify and examine dimensions of illnesses and health problems commonly reported by GW veterans;
- (b) To assess exposures to stress comprehensively and to identify the dimensions of stress;
- (c) To examine the extent to which exposures to multiple dimensions of stress during deployment and participation in Operations Desert Shield and Desert Storm (ODS) are associated with the commonly-reported and undefined post-war health problems of GW veterans;
- (d) To clarify how relationships of stressors and GW illnesses are influenced by premilitary and predeployment adversities, risk factors, and protective factors;
- (e) To examine the role of post-ODS factors (e.g., instrumental and emotional social support, general psychological functioning, specific comorbid psychiatric disorders, such as post-traumatic stress disorder and major depressive disorder), as mediators of relationships among GW stressors and GW illnesses.

These aims will be achieved by obtaining in-depth data from a national sample of GW veterans, including both men and women in active and reserve components. The design for this survey is a clustered two-stage sample of military personnel who were deployed to the Persian Gulf during the Gulf War era. There are two phases to this design. Phase 1 is comprised of a mailed Gulf War Veterans Health Survey to identify veterans in the sample currently experiencing symptoms of Gulf War Illness (GWI). Phase 2 is an exposure and risk interview consisting of an in-depth Computer Assisted Telephone Interview (CATI) survey of a subsample of Phase 1 respondents with and without medically unexplained physical symptoms characteristic of GWI.

## **BODY**

This section describes the research activities and accomplishments for the Year 1 tasks outlined in the approved statement of work. Plans for Year 2 are also described for each task.

### **Sampling**

#### **Year 1 Activities**

- \* Refined and revised the sampling design based on study objectives and a more

complete understanding of available data for use in the sampling. A summary of the revised sampling design appears in Attachment A;

- \* Searched DoD files to determine the most appropriate files for use in developing the sampling frame and selecting the sample for the study. Determined that Defense Manpower Data Center (DMDC) had the most relevant files;
- \* Have requested and obtained support from DMDC for constructing the sampling frame using the Desert Shield/Storm (DS/S) and the Comprehensive Clinical Evaluation Program (CCEP) databases;
- \* Have received county level databases with personnel counts by strata identified for the study from the DS/S and the CCEP databases, the latter of which will be used to identify personnel in high risk strata. Will use county level data to form primary sampling units (PSU) by collapsing across counties. We will next select a sample proportional to the number of personnel in the PSU;
- \* Developed preliminary allocation scheme to assign sample sizes across the sampling strata;
- \* The current files that we have received have missing addresses for 19% of the personnel such that these personnel cannot be associated with a county as needed for the frame. We are currently working with DMDC to see if they can find additional information to resolve this problem.

#### Year 2 Plans

- \* Complete the frame construction as soon as address problem is resolved;
- \* Select primary sampling units and submit to DMDC with instructions about how to select names and addresses of sampled personnel for the study;
- \* Compute sampling weights which reflect the selection probabilities at each stage of sample selection.

#### Mail Survey Questionnaire Development

##### Year 1 Activities

- \* Searched literature to identify key constructs and assessment domains for instrument;
- \* Obtained and reviewed instruments from other key Gulf War studies, including CDC's Iowa study and DVA's National Health Survey of Persian Gulf Veterans and their Family Members;

- \* Selected key constructs and scales for inclusion in the Phase 1 Questionnaire from the literature and major Gulf War veterans studies to insure comparability with other national databases;
- \* Adapted and revised questions from interview protocols to structure suitable for mail survey;
- \* Compiled and formatted draft questionnaire for the Phase 1 mail survey for testing in the pilot study. Copy of draft survey questionnaire is enclosed in Appendix B: Gulf War Veterans Health Survey.

#### Year 2 Plans

- \* Finalize Phase 1 mail survey instrument based on data obtained from pilot test;
- \* Develop instrument for the phase 2 CATI survey;
- \* Program and test the instrument for the Phase 2 CATI survey.

#### Data Collection

##### Year 1 Activities

- \* Coordinated logistics to conduct pilot test scheduled for November 2, 1999;
- \* Began recruiting subjects for pilot test scheduled November 2, 1999;
- \* Coordinated preparations for tracing of missing addresses.

##### Year 2 Plans

- \* Conduct pilot test of the Phase 1 questionnaire;
- \* Conduct tracing operations to obtain missing addresses
- \* Coordinate with National Computer Systems for the mail survey
- \* Collect data for the mail survey

#### Clearances

##### Year 1 Activities

- \* Obtained initial study clearance by Duke and RTI IRBs;

- \* Received clearance from Duke and RTI IRB for advertisement to recruit participants for pilot test;
- \* Obtained IRB clearances for pilot test;
- \* Submitted a written request to the National Institute for Occupational Safety and Health (NIOSH), through USAMRMC, for access to address data files obtained by NIOSH from the Internal Revenue Service through an Interagency Agreement under Internal Revenue Code (IRC) Section 6103 (m)(3). The addresses received will be used to locate individuals for the survey.

#### Year 2 Plans

- \* Obtain IRB and USAMRMC clearance for mail survey;
- \* Obtain Report Control Symbol from DMDC for Phase 1 questionnaire.

#### Project Schedule

##### Year 1 Activities

- \* The Year 1 project schedule experienced a significant delay at the beginning of Month 8. On May 10, 1999, the federal Office for Protection from Research Risks (OPRR) suspended the Multiple Project Assurance (MPA) of Duke University Medical Center (DUMC) that authorizes DUMC faculty to conduct IRB-approved research involving human subjects. All research activities were suspended for the nearly 2,000 DUMC studies involving human subjects, including our project. A component of the resolution by OPRR and DUMC mandated DUMC review of all DUMC research projects involving subcontracts to ensure compliance with federal requirements. Project tasks could not be resumed until these reviews were completed. This aspect of the resolution involved review of the human subjects compliance of hundreds of DUMC subcontracts and resulted in a two-month delay to the study (May 10 – July 12, 1999). Project activities resumed on July 13, 1999. The project GPO was informed immediately of the suspension and delays imposed by the OPRR action.
- \* The two-month suspension had little impact on the study budget as there were no time charges for task activities during this period. Costs incurred during this period were limited to study management and activities involving IRB clearance tasks. Review of the current budget indicates that funds are sufficient for completion of all approved study tasks.
- \* We have revised our task time line to take account of the delay imposed on our study by the DUMC-OPRR resolution of the MPA suspension. The pilot test of the Gulf War Veterans Health Survey questionnaire was scheduled for Year 1 in the approved Statement of Work. Planning and preparations for the pilot study were



completed in Year 1 and the pilot study is scheduled to begin early in Year 2 (November 2, 1999).

#### Year 2 Plans

- \* Review of the approved overall four-year schedule of tasks indicates that there is sufficient time in Year 2 to make up time lost to the Year 1 delay. All study activities will be completed within the four years of the project and within budget;
- \* The major impact of the Year 1 delay on the schedule for Year 2 is that the Gulf War Veterans Health Survey will be fielded from months 13 - 18, rather than months 10 - 15 as planned.

#### KEY RESEARCH ACCOMPLISHMENTS

This section of the report focuses on "key research accomplishments emanating from the research." This project is in the implementation phase at the end of Year 1 and does not yet have accomplishments emanating from the research to report.

#### REPORTABLE OUTCOMES

This section of the report summarizes the results of the completed research. There are no reportable outcomes given that this project is in the implementation phase.

#### APPENDICES

The report includes two appendices: Appendix A: Sample Design Summary, and Appendix B: Gulf War Veterans Health Survey Draft.

## **APPENDIX A: Relationships of Stress Exposures to Health in Gulf War Veterans Sample Design Summary**

The target population is defined as the active-duty military personnel and reservists who were deployed to the Persian Gulf during the Gulf War era. More specifically, the active duty members must have served in-theater between 2 August 1990 and 31 July 1991. The Reserve and National Guard members must have been activated/federalized between 2 August 1990 and 31 January 1992.

The sampling design for this survey is a clustered two-stage sample of zip code areas or county-sized units and military personnel who were deployed to the Persian Gulf during the Gulf War era. There are two phases to this design. Phase 1 is comprised of a mailed Health Status Survey to identify veterans in the population currently experiencing symptoms of Gulf War Illness (GWI). Phase 2 is an exposure and risk interview consisting of an in-depth Computer Assisted Telephone Interview (CATI) survey of military personnel who were deployed to the Persian Gulf region during the conflict.

The Phase 1 sampling frame will be the Desert Shield/Storm (DS/S) database from the Defense Manpower Data Center (DMDC). This database contains participation and tracking information on more than 855,000 DoD and Coast Guard service members who served in Operation Desert Shield/Storm. This file includes all 11 components of the military services and the two components of the Coast Guard (Active and Reserve). The database contains one record per participant per component. Those who participated in more than one component are represented by more than one record on the file.

A first-stage-sampling frame of zip code areas or county-size units will be created from addresses in the DS/S database. This file will enable us to build a file of primary sampling units (PSUs) comprised of groups of zip code areas or groups of county equivalents that have 100 or more personnel. The units containing fewer than 100 personnel will be combined with an adjacent zip code area or county-size unit until the minimum is reached.

Using the total number of personnel in the PSU as the size measure, a sample of 100 PSUs will be selected with-replacement probability proportional to size from the total PSUs on the first-stage-sampling frame. Interviewing will be restricted to a sample of personnel who have mailing addresses within these PSUs.

In response to the need to meet study objectives, within each PSU, we will define 12 levels of explicit design strata based on a combination of military status (Active/Reserve), gender, and medical activity. The veterans' medical activity relates to whether or not any medical concerns were reported to the Comprehensive Clinical Evaluation Program (CCEP).

In addition to the DS/S database, the CCEP file will be used to define possible high exposure or at-risk explicit strata. This file contains demographic and clinical information on approximately 20,000 Gulf War veterans. Each medical evaluation consisted of a general physical examination, an exposure questionnaire, and basic laboratory tests conducted by local medical treatment facilities. Those Active Duty veterans on the CCEP file will be placed in two high-risk strata, 1 and 2 (males and females, respectively).

Other active duty veterans will be placed in explicit strata denoting differential levels of risk. The Unit Identification Numbers (UICs) of all personnel in Strata 1 and 2 will be used to define two additional risk stratum levels. Active Duty personnel from these UICs will be matched by UIC with the DS/S database and placed in the next two risk strata (Stratum 3 for males, Stratum 4 for females). Although these

personnel may not have reports of sickness, they are likely to have been exposed to the same stressful conditions as those who reported health concerns. So, all personnel veterans from these same military units may also be at a higher risk than other Gulf War-era-participants. All remaining Active Duty veterans not on the CCEP and not assigned to either of Strata 1-4 will be placed in Strata 5 (males) and 6 (females). Similarly, corresponding Reserve and Coast Guard personnel will be placed in Strata 7 through 12.

A sample of 10,000 will be proportionally allocated over the 100 PSUs. Personnel in the high-risk strata will be over-sampled relative the GW veteran population within the stratum. A systematic sample of personnel will be selected within each stratum to participate in the Phase I Health Status Mail Survey. A sample file containing name and address information is needed so that the selected personnel may be contacted to participate. Approximately, 7,078 of these are expected to participate and approximately 15% or 1,062 of the respondents are expected to fall into the group of likely cases of Gulf War illness. From the sample of likely non-cases, a sub-sample of approximately 1,062 personnel plus the 1,062 likely Gulf War illness cases will be selected to participate in the Phase II Exposure and Risk Interview. This is an in-depth CATI survey just with persons deployed to the Gulf War region, half of whom reported Gulf War illness symptoms during the Phase I interview, and half who did not.

## APPENDIX B: GULF WAR VETERANS HEALTH SURVEY (DRAFT)

### Front cover:

interesting graphic, such as a US seal  
the return address for the survey (do not include the researcher's name)  
minimal instructions

The purpose of this questionnaire is to find out more about the health of people who were deployed to the Persian Gulf Theater from August 1990 through July 1991.

If you were not deployed to the Persian Gulf Theater at all during that time period, please place an "X" in the box below and return the questionnaire in the postage-paid return envelope provided. We do not need you to answer any of the questions, but it is very important that you return the questionnaire to us so that we will know that you were not deployed during that time.

I was not deployed to the Persian Gulf Theater at any time from August 1990 through July 1991.

### Questionnaire:

1. We would like to know in which area(s) of the Persian Gulf Theater you served from August 1990 through July 1991. From August 1990 through July 1991, in which area(s) did you serve? (Please choose "Yes" or "No" for each area).

IRAQ  
SAUDI ARABIA  
KUWAIT  
TURKEY  
OMAN  
BAHRAIN  
QATAR  
THE UNITED ARAB EMIRATES  
THE RED SEA  
THE GULF OF OMAN  
THE GULF OF ADEN  
THE ARABIAN SEA  
OTHER

2. From August 1990 through July 1991, about how much time did you spend in the Persian Gulf Theater? The total time from August 1990 through July 1991 is twelve months. (Please choose the best answer).

LESS THAN THREE MONTHS  
THREE MONTHS BUT LESS THAN SIX MONTHS  
SIX MONTHS BUT LESS THAN NINE MONTHS  
MORE THAN NINE MONTHS

3. From August 1990 through July 1991, was the time that you served in the Persian Gulf Theater extended unexpectedly?

YES  
NO

4. From August 1990 through July 1991, in which area of the Persian Gulf Theater did you spend most of your time? (Please choose the best answer).

IRAQ  
SAUDI ARABIA  
KUWAIT  
TURKEY  
OMAN  
BAHRAIN  
QATAR  
THE UNITED ARAB EMIRATES  
THE RED SEA  
THE GULF OF OMAN  
THE GULF OF ADEN  
THE ARABIAN SEA  
OTHER

5. From August 1990 through July 1991, about how long did you spend in the area of the Persian Gulf Theater in which you spent the most time (that is, the area you chose in question #)? The total time from August 1990 through July 1991 is twelve months. (Please choose the best answer).

LESS THAN THREE MONTHS  
THREE MONTHS BUT LESS THAN SIX MONTHS  
SIX MONTHS BUT LESS THAN NINE MONTHS  
MORE THAN NINE MONTHS

6. While serving in the military (that is, during the entire time you have served on Active-Duty, in the Reserves, or the National Guard), about how much time in total have you spent in the Persian Gulf Theater? (Please choose the best answer).

LESS THAN THREE MONTHS  
THREE MONTHS BUT LESS THAN SIX MONTHS  
SIX MONTHS BUT LESS THAN NINE MONTHS  
NINE MONTHS BUT LESS THAN ONE YEAR  
ONE YEAR BUT LESS THAN TWO YEARS  
MORE THAN TWO YEARS

7. From August 1990 through July 1991, in which component of the Military did you serve? (Please choose the best answer).

ACTIVE ARMY (USA)  
ARMY NATIONAL GUARD (ARNG)  
ARMY RESERVE (USAR)  
ACTIVE NAVY  
NAVAL RESERVE (USNR)  
ACTIVE AIR FORCE (USAF)  
AIR NATIONAL GUARD (ANG)  
AIR FORCE RESERVE (USAFR)  
ACTIVE MARINE CORP  
MARINE CORPS RESERVE (USMCR)

8. What date did you first begin serving in the Persian Gulf Theater, even if it was before August 1990?

\_\_\_\_ \_  
(month) (year)

9. What date did you stop serving in the Persian Gulf Theater, even if it was after July 1991, (that is, what was the end date of your last deployment to the Persian Gulf)?

\_\_\_\_ \_  
(month) (year)

Think of the first time you were deployed to the Persian Gulf Theater within the time period from August 1990 through July 1991. The next several questions refer to the time of that deployment, which will be called "the time of your first deployment". Please remember that if you were deployed to the Persian Gulf Theater prior to August 1990 or after July 1991 we do not want you to answer regarding that time period.

10. At the time of your first deployment (that is, during the period from August 1990 through July 1991), what was your pay grade? A Warrant Officer should be considered an officer. (Please choose the best answer).

ENLISTED

E-1  
E-2  
E-3  
E-4  
E-5  
E-6  
E-7  
E-8  
E-9

OFFICER

Trainee  
W1-W5  
O-1 or O-1E  
O-2 or O-2E  
O-3 or O-3E  
O-4  
O-5  
O-6  
O-7 to O-10

11. At the time of your first deployment (that is, during the period from August 1990 through July 1991), which of the following categories best describes the military responsibilities you had? (Please choose the best answer).

Please refer to the handout that came with this survey for examples of different job categories.

**ENLISTED**

INFANTRY, GUN CREW, OR SEAMANSHIP SPECIALIST  
ELECTRONIC EQUIPMENT REPAIR SPECIALIST  
COMMUNICATIONS OR INTELLIGENCE SPECIALIST  
HEALTH CARE SPECIALIST/TECHNICIAN  
OTHER TECHNICAL OR ALLIED SPECIALIST  
FUNCTIONAL SUPPORT AND ADMINISTRATION  
ELECTRICAL OR MECHANICAL EQUIPMENT REPAIR SPECIALIST  
CRAFTSMAN  
SERVICE AND SUPPLY HANDLER  
OTHER (E.G., OFFICER CANDIDATES, STUDENTS, SPECIAL DUTIES)

**OFFICER**

GENERAL OFFICER, EXECUTIVE OFFICER, OR COMMANDING OFFICER  
TACTICAL OPERATIONS OFFICER  
INTELLIGENCE OFFICER  
ENGINEERING OR MAINTENANCE OFFICER  
SCIENTIST, PROFESSIONAL, OR STAFF SUPPORT (NOT INVOLVED IN HEALTH CARE)  
HEALTH CARE PROVIDER  
ADMINISTRATOR OR OPERATIONAL SUPPORT  
SUPPLY, PROCUREMENT, OR ALLIED OFFICER  
OTHER (E.G., STUDENTS, TRAINEES, BILLET DESIGNATORS)

12. At the time of your first deployment (that is, during the period from August 1990 through July 1991), what was the highest level of education you had completed? (Please choose the best answer).

HAD NOT YET GRADUATED FROM HIGH SCHOOL  
GED OR ABE CERTIFICATE  
HIGH SCHOOL GRADUATE  
TRADE OR TECHNICAL SCHOOL GRADUATE  
SOME COLLEGE BUT NOT A 4-YEAR DEGREE  
4-YEAR COLLEGE DEGREE (BA, BS, OR EQUIVALENT)  
SOME GRADUATE OR PROFESSIONAL STUDY BUT NO GRADUATE DEGREE  
GRADUATE OR PROFESSIONAL DEGREE

13. At the time of your first deployment (that is, during the period from August 1990 through July 1991), what was your marital situation? (Please choose the best answer).

NOT MARRIED, BUT LIVING AS MARRIED  
MARRIED  
SEPARATED AND NOT LIVING AS MARRIED  
DIVORCED AND NOT LIVING AS MARRIED  
WIDOWED AND NOT LIVING AS MARRIED  
SINGLE, NEVER MARRIED, AND NOT LIVING AS MARRIED

14. At the time of your first deployment (that is, during the period from August 1990 through July 1991), do you feel that you were prepared to deal with the combination of challenges associated with your military service?

Yes  
No

Now we would like to know about your health in the past 6 months. Then next group of questions are about a number of health problems or concerns a person might have.

15. In the past 6 months, have you experienced any of these health problems? (Please choose "Yes" or "No" for each health problem).

SEVERE ARTHRITIS, RHEUMATISM, OR OTHER BONE OR JOINT DISEASES	Yes/No
SEVERE ASTHMA, BRONCHITIS, EMPHYSEMA, OR OTHER LUNG PROBLEMS	Yes/No
AIDS	Yes/No
BLINDNESS, DEAFNESS, OR SEVERE VISUAL OR HEARING IMPAIRMENT	Yes/No
HIGH BLOOD PRESSURE OR HYPERTENSION	Yes/No

DIABETES OR HIGH BLOOD SUGAR	Yes/No
HEART ATTACK OR OTHER SERIOUS HEART TROUBLE	Yes/No
SEVERE HERNIA OR RUPTURE	Yes/No
SEVERE KIDNEY OR LIVER DISEASE	Yes/No
LUPUS, THYROID DISEASE, OR OTHER AUTOIMMUNE DISORDERS	Yes/No
MULTIPLE SCLEROSIS, EPILEPSY, OR OTHER NEUROLOGICAL DISORDERS	Yes/No
CHRONIC STOMACH OR GALL BLADDER TROUBLE	Yes/No
STROKE	Yes/No
ULCER	Yes/No
CANCER OR A MALIGNANT TUMOR OR ANY KIND	Yes/No
OTHER MAJOR HEALTH PROBLEMS	Yes/No

16. In the past 6 months, have you had persistent or recurring problems with...  
(Please choose "Yes" or "No" for each health problem).

HOT OR COLD SPELLS, FEVER, SWEATS AT NIGHT, OR SHAKING CHILLS	Yes/No
MOUTH SORES	Yes/No
INFLAMMATION OR REDNESS OF YOUR EYES (PINK EYES)	Yes/No
UNEXPECTED HAIR LOSS	Yes/No
SORE THROAT OR IRRITATION	Yes/No
PAIN OR ACHES IN MORE THAN ONE JOINT	Yes/No
BACK PAIN	Yes/No
JOINT STIFFNESS	Yes/No
MUSCLE TENSION, ACHES, SORENESS, OR STIFFNESS	Yes/No
FEELING WEAK IN PARTS OF YOUR BODY	Yes/No
TENDER OR PAINFUL LYMPH GLANDS UNDER YOUR ARMS OR IN YOUR NECK	Yes/No
A FEELING OF BODILY DISCOMFORT AFTER EXERTION	Yes/No
NUMBNESS OR TINGLING IN PARTS OF YOUR BODY	Yes/No
LOSS OF HEARING OR RINGING IN YOUR EARS	Yes/No
TREMORS OR SHAKING	Yes/No
DOUBLE VISION, WHEN YOU SEE 2 IMAGES, NOT CORRECTABLE BY GLASSES	Yes/No
SEIZURES OR CONVULSIONS	Yes/No
ANY HEADACHES	Yes/No
HEART PALPITATIONS, POUNDING OR RACING	Yes/No
PAINS IN YOUR HEART OR CHEST	Yes/No
FAINTNESS, LIGHTEADEDNESS OR DIZZINESS	Yes/No
TROUBLE SWALLOWING	Yes/No
NAUSEA OR AN UPSET STOMACH (OTHER THAN DURING PREGNANCY)	Yes/No
REFLUX, HEARTBURN, OR INDIGESTION (OTHER THAN DURING PREGNANCY)	Yes/No
VOMITING (OTHER THAN DURING PREGNANCY)	Yes/No
FREQUENT DIARRHEA (MORE THAN 3 WATERY STOOLS PER DAY)	Yes/No
ABDOMINAL PAIN (OTHER THAN WHEN MENSTRUATING)	Yes/No
CONSTIPATION	Yes/No
FREQUENT OR PAINFUL URINATION	Yes/No
ANY TENDENCY TO BRUISE OR BLEED EASILY (INCLUDING NOSE BLEEDING)	Yes/No
SKIN REDNESS OR A SKIN RASH	Yes/No
DRYNESS OR SCALING OF YOUR SKIN	Yes/No
BLISTERS, OPEN SORES, OR SKIN ULCERS	Yes/No
ERUPTIONS OF HIVES OR WELTS ON YOUR SKIN	Yes/No
PERSISTENT SENSATIONS OF ITCHING ON YOUR SKIN	Yes/No
WOUNDS THAT ARE SLOW TO HEAL	Yes/No
SWELLING OF BOTH FEET OR BOTH ANKLES	Yes/No



17. In the past 6 months...  
(Please choose "Yes" or "No" for each question).

- |    |   |        |
|----|---|--------|
| A. | HAVE YOU HAD PROBLEMS WITH FEELING TIRED?   | Yes/No |
| B. | HAVE YOU NEEDED TO REST MORE?   | Yes/No |
| C. | HAVE YOU BEEN FEELING UNUSUALLY SLEEPY OR DROWSY?   | Yes/No |
| D. | HAVE YOU HAD PROBLEMS STARTING THINGS?  | Yes/No |
| E. | WERE YOU LACKING IN ENERGY?   | Yes/No |
| F. | HAVE YOU HAD LESS STRENGTH IN YOUR MUSCLES?   | Yes/No |
| G. | HAVE YOU BEEN FEELING WEAK?   | Yes/No |
| H. | HAVE YOU HAD PROBLEMS THINKING CLEARLY?   | Yes/No |
| I. | HAVE YOU BEEN MAKING SLIPS OF THE TONGUE WHEN SPEAKING?   | Yes/No |
| J. | HAVE YOU HAD PROBLEMS WITH YOUR MEMORY?   | Yes/No |
| K. | HAVE YOU HAD PROBLEMS WITH FORGETFULNESS (LIKE FORGETTING WHERE YOU PUT THINGS OR FORGETTING APPOINTMENTS)?   | Yes/No |
| L. | HAVE YOU HAD ANY DIFFICULTY COMPREHENDING OR UNDERSTANDING WHAT OTHERS ARE SAYING TO YOU?   | Yes/No |
| M. | HAVE YOU HAD PROBLEMS WITH FEELING CONFUSED OR DISORIENTED IN PLACE OR TIME? (FEELING CONFUSED ABOUT WHERE YOU ARE, WHO IS AROUND, OR NOT KNOWING WHAT DAY IT IS) | Yes/No |
| N. | HAVE YOU BEEN HAVING DIFFICULTY UNDERSTANDING WHAT YOU READ, EVEN WHEN YOU ARE PAYING ATTENTION TO WHAT YOU ARE READING?  | Yes/No |
| O. | HAVE YOU BEEN BOTHERED BY A COUGH WHEN YOU DID NOT HAVE A COLD OR FLU?  | Yes/No |
| P. | HAVE YOU BEEN CONGESTED OR DID YOU BRING UP MUCOUS OR PHLEGM WHEN YOU DID NOT HAVE A COLD OR FLU?   | Yes/No |
| Q. | HAS YOUR CHEST SOUNDED WHEEZY OR WHISTLING WHEN YOU DID NOT HAVE A COLD OR FLU?   | Yes/No |
| R. | HAVE YOU HAD AN ATTACK OF WHEEZING THAT HAS MADE YOU FEEL SHORT OF BREATH?  | Yes/No |
| S. | HAS THERE BEEN AN OCCASION WHEN YOU HAD ATTACKS OF SHORTNESS OF BREATH WHEN WALKING UP STAIRS OR RUNNING OR WALKING QUICKLY ON FLAT GROUND?                       | Yes/No |
| T. | HAS THERE BEEN AN OCCASION WHEN YOU HAD TIGHTNESS OF THE CHEST WHEN WALKING UP STAIRS OR RUNNING OR WALKING QUICKLY ON FLAT GROUND?                               | Yes/No |

18. In the past 6 months, have you experienced extreme fatigue almost every day for one month or longer?

Yes ⇒ IN WHAT MONTH AND YEAR DID THIS FIRST BEGIN, EVEN IF IT BEGAN PRIOR TO THE PAST 6 MONTHS?  
 \_\_\_\_/\_\_\_\_

Mo. Yr.

No

19. Did this fatigue begin with...

- A. A COLD OR FLU-LIKE ILLNESS?
- B. MONONUCLEOSIS?
- C. ANOTHER INFECTION?
- D. AN EMOTIONALLY STRESSFUL OR OTHER EVENT?

YES/NO/DON'T KNOW  
YES/NO/DON'T KNOW  
YES/NO/DON'T KNOW  
YES/NO/DON'T KNOW

20. We would like you to rate this fatigue. Think of a scale from 0 to 10. A 0 means your energy level was extremely low and a 10 means it was extremely high. Think now of the worst part of your fatigue. What was the lowest that your energy level dropped?

0  
1  
2  
3  
4  
5  
6  
7  
8  
9  
10

21. During the worst part of your fatigue, what percent of your usual daily activity were you able to maintain? Was it...

LESS THAN 25%  
25 UP TO 50%  
50 UP TO 75%  
75% OR MORE

22. Did you see a doctor for your fatigue?

YES  
NO

23. Have you fully recovered from your fatigue?

YES  
NO  
DON'T KNOW

24. In what month and year did you recover?

\_\_\_/\_\_\_-\_\_\_

MO. YR.

We would now like to know if some odors or substances bother you.

25. In the past 6 months, has routine or normal exposure to substances like gasoline, hair spray, paint, household cleaners, perfume, or soap, caused you to feel physically ill?

YES ⇒ IN WHAT MONTH AND YEAR DID THIS FIRST BEGIN, EVEN IF IT BEGAN PRIOR TO THE PAST 6 MONTHS?

\_\_\_\_/\_\_\_\_  
MO. YR.

No

26. In the past 6 months, has exposure to the following substances caused you to be physically ill or to have difficulty thinking or functioning? (Please choose "Yes" or "No" for each substance).

SMOG OR AIR POLLUTION	YES/NO
CIGARETTE SMOKE	YES/NO
VEHICLE EXHAUST OR FUMES	YES/NO
COPIERS OR LASER PRINTERS	YES/NO
NEWSPAPERS, MAGAZINES, OR OTHER NEWSPRINT	YES/NO
PESTICIDES, HERBICIDES, INSECTICIDES, OR FERTILIZERS	YES/NO
NEW OFFICE BUILDINGS OR HOMES (E.G. SEALED WINDOWS)	YES/NO
CARPETING OR DRAPES	YES/NO
ORGANIC CHEMICALS, SOLVENTS, GLUES, PAINTS, OR FUEL	YES/NO
COSMETICS, PERFUMES, HAIR SPRAY, DEODORANTS, NAIL POLISH, OR SOAPS	YES/NO
OTHER	YES/NO

27. In general, did you have this type of reaction to exposure to any of these substances before August 1990?

YES

No

The next few questions ask your views about your health, now and during the past four weeks.

28. In general, would you say your health is...  
(Please choose the best answer).

1 = EXCELLENT,  
2 = VERY GOOD,  
3 = GOOD,  
4 = FAIR, OR  
5 = POOR?

29. Compared to one year ago, how would you rate your health in general now? Would you say it is...(Please choose the best answer).

1 = MUCH BETTER NOW THAN 1 YEAR AGO,  
2 = SOMEWHAT BETTER NOW,  
3 = ABOUT THE SAME,  
4 = SOMEWHAT WORSE NOW, OR  
5 = MUCH WORSE NOW THAN 1 YEAR AGO?

30. Now think about the year before the Gulf War began. That would be from August 1989 to July 1990. Would you say your general health at that time was...  
(Please choose the best answer).

1 = EXCELLENT,  
2 = VERY GOOD  
3 = GOOD,  
4 = FAIR, OR  
5 = POOR?

- 31 The following items are about activities you might do during a typical day. Does your health now limit you a lot, limit you a little or not limit you at all in doing these activities?

- A. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

1=MY HEALTH LIMITS ME A LOT  
2=MY HEALTH LIMITS ME A LITTLE  
3=MY HEALTH DOES NOT LIMIT ME AT ALL

- B. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.

1=MY HEALTH LIMITS ME A LOT  
2=MY HEALTH LIMITS ME A LITTLE  
3=MY HEALTH DOES NOT LIMIT ME AT ALL

- C. Lifting or carrying groceries.

1=MY HEALTH LIMITS ME A LOT  
2=MY HEALTH LIMITS ME A LITTLE  
3=MY HEALTH DOES NOT LIMIT ME AT ALL

- D. Climbing several flights of stairs.

1=MY HEALTH LIMITS ME A LOT  
2=MY HEALTH LIMITS ME A LITTLE  
3=MY HEALTH DOES NOT LIMIT ME AT ALL

- E. Climbing one flight of stairs.

1=MY HEALTH LIMITS ME A LOT  
2=MY HEALTH LIMITS ME A LITTLE  
3=MY HEALTH DOES NOT LIMIT ME AT ALL

F. Bending, kneeling, or stooping.

1=MY HEALTH LIMITS ME A LOT

2=MY HEALTH LIMITS ME A LITTLE

3=MY HEALTH DOES NOT LIMIT ME AT ALL

G. Walking more than a mile.

1=MY HEALTH LIMITS ME A LOT

2=MY HEALTH LIMITS ME A LITTLE

3=MY HEALTH DOES NOT LIMIT ME AT ALL

H. Walking several blocks.

1=MY HEALTH LIMITS ME A LOT

2=MY HEALTH LIMITS ME A LITTLE

3=MY HEALTH DOES NOT LIMIT ME AT ALL

I. Walking one block.

1=MY HEALTH LIMITS ME A LOT

2=MY HEALTH LIMITS ME A LITTLE

3=MY HEALTH DOES NOT LIMIT ME AT ALL

J. Bathing or dressing yourself.

1=MY HEALTH LIMITS ME A LOT

2=MY HEALTH LIMITS ME A LITTLE

3=MY HEALTH DOES NOT LIMIT ME AT ALL

32. During the past 4 weeks, have you had to cut down on the amount of time you spent on work or other activities as a result of your physical health?

YES

NO

33. During the past 4 weeks, have you accomplished less than you would like, as a result of your physical health?

YES

NO

34. During the past 4 weeks, were you limited in the kind of work or other activities you do, as a result of your physical health?

YES

NO

35. During the past 4 weeks, have you had difficulty performing work or other activities as a result of your physical health, for example, it took extra effort?
- 1=Yes  
2=No
36. During the past 4 weeks, have you cut down the amount of time you spent on work or other regular daily activities as a result of any emotional problems, such as feeling depressed or anxious?
- 1=Yes  
2=No
37. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?
- 1=Yes  
2=No
38. During the past 4 weeks, did you not do work or other activities as carefully as usual, as a result of any emotional problems, such as feeling depressed or anxious?
- 1=Yes  
2=No
39. During the past 4 weeks, to what extent has your physical health, or emotional problems, interfered with your normal social activities with family, friends, neighbors, or groups? Has it interfered...
- 1=NOT AT ALL  
2=A LITTLE BIT  
3=MODERATELY  
4=QUITE A BIT  
5=EXTREMELY
40. How much bodily pain have you had during the past 4 weeks? Have you had...
- 1=NONE  
2=VERY MILD  
3=MILD  
4=MODERATE  
5=SEVERE  
6=VERY SEVERE PAIN

41. During the past 4 weeks, how much did pain interfere with your normal work including both work outside the home and housework? Has it interfered...

1=NOT AT ALL  
2=A LITTLE BIT  
3=MODERATELY  
4=QUITE A BIT  
5=EXTREMELY

The next group of questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

42. How much of the time during the past 4 weeks did you feel full of pep? Would you say...

1=ALL OF THE TIME  
2=MOST OF THE TIME  
3=A GOOD BIT OF THE TIME  
4=SOME OF THE TIME  
5=A LITTLE OF THE TIME  
6=NONE OF THE TIME

43. How much of the time during the past 4 weeks have you been a very nervous person? Would you say...

1=ALL OF THE TIME  
2=MOST OF THE TIME  
3=A GOOD BIT OF THE TIME  
4=SOME OF THE TIME  
5=A LITTLE OF THE TIME  
6=NONE OF THE TIME

44. How much of the time during the past 4 weeks have you felt so down in the dumps that nothing could cheer you up? Would you say...

1=ALL OF THE TIME  
2=MOST OF THE TIME  
3=A GOOD BIT OF THE TIME  
4=SOME OF THE TIME  
5=A LITTLE OF THE TIME  
6=NONE OF THE TIME

45. How much of the time during the past 4 weeks have you felt calm and peaceful? Would you say...

1=ALL OF THE TIME  
2=MOST OF THE TIME  
3=A GOOD BIT OF THE TIME  
4=SOME OF THE TIME  
5=A LITTLE OF THE TIME  
6=NONE OF THE TIME

46. How much of the time during the past 4 weeks did you have a lot energy? Would you say...

- 1=ALL OF THE TIME
- 2=MOST OF THE TIME
- 3=A GOOD BIT OF THE TIME
- 4=SOME OF THE TIME
- 5=A LITTLE OF THE TIME
- 6=NONE OF THE TIME

47. How much of the time during the past 4 weeks have you felt downhearted and blue? Would you say...

- 1=ALL OF THE TIME
- 2=MOST OF THE TIME
- 3=A GOOD BIT OF THE TIME
- 4=SOME OF THE TIME
- 5=A LITTLE OF THE TIME
- 6=NONE OF THE TIME

48. How much of the time during the past 4 weeks did you feel worn out? Would you say...

- 1=ALL OF THE TIME
- 2=MOST OF THE TIME
- 3=A GOOD BIT OF THE TIME
- 4=SOME OF THE TIME
- 5=A LITTLE OF THE TIME
- 6=NONE OF THE TIME

49. How much of the time during the past 4 weeks have you been a happy person? Would you say...

- 1=ALL OF THE TIME
- 2=MOST OF THE TIME
- 3=A GOOD BIT OF THE TIME
- 4=SOME OF THE TIME
- 5=A LITTLE OF THE TIME
- 6=NONE OF THE TIME

50. How much of the time during the past 4 weeks did you feel tired? Would you say...

- 1=ALL OF THE TIME
- 2=MOST OF THE TIME
- 3=A GOOD BIT OF THE TIME
- 4=SOME OF THE TIME
- 5=A LITTLE OF THE TIME
- 6=NONE OF THE TIME



51. During the past 4 weeks, how much of the time has your physical health or have emotional problems, interfered with your social activities (like visiting with friends, relatives, etc.)? Has it interfered...

1=ALL OF THE TIME  
2=MOST OF THE TIME  
3=A GOOD BIT OF THE TIME  
4=SOME OF THE TIME  
5=A LITTLE OF THE TIME  
6=NONE OF THE TIME

The next four questions are statements about health. Please tell us how true or false each of these statements is for you.

52. I seem to get sick a little easier than other people. Would you say that's...

1=DEFINITELY TRUE  
2=MOSTLY TRUE  
3=DON'T KNOW  
4=MOSTLY FALSE  
5=DEFINITELY FALSE

53. I am as healthy as anybody I know. Would you say that's...

1=DEFINITELY TRUE  
2=MOSTLY TRUE  
3=DON'T KNOW  
4=MOSTLY FALSE  
5=DEFINITELY FALSE

54. I expect my health to get worse. Would you say that's...

1=DEFINITELY TRUE  
2=MOSTLY TRUE  
3=DON'T KNOW  
4=MOSTLY FALSE  
5=DEFINITELY FALSE

55. My health is excellent. Would you say that's...

1=DEFINITELY TRUE  
2=MOSTLY TRUE  
3=DON'T KNOW  
4=MOSTLY FALSE  
5=DEFINITELY FALSE

Now we would like you to answer a series of questions about the moods and feelings you had during the last six months. During the last six months...

56. How often were you bothered by feelings of sadness or depression— feeling blue?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

57. How often did you feel confused and have trouble thinking?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

58. How often did you feel lonely?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

59. How often did you have trouble concentrating or keeping your mind on what you were doing?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

60. How often did you have trouble with headaches and pains in the head?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

61. How often were you bothered by feelings of restlessness?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

62. How often did you fear being left all alone or abandoned?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

63. How often did you feel anxious?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

64. How often were you bothered by nervousness— being fidgety or tense?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

65. How often did you fear going crazy; losing your mind?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

66. How often did you have attacks of sudden fear or panic?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

67. How often did you fear something terrible would happen to you?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

68. How often did you feel confident?

0=VERY OFTEN  
1=FAIRLY OFTEN  
2=SOMETIMES  
3=ALMOST NEVER  
4=NEVER

69. How often did you feel useless?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

70. How often did you feel you were bothered by all different kinds of ailments in different parts of your body?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

71. How often did you have times when you couldn't help wondering if anything was worthwhile anymore?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

72. How often did you feel that nothing turned out for you the way you wanted it to?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

73. How often did you feel completely helpless?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

74. How often did you feel completely hopeless about everything?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

75. How often was your appetite poor?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

76. How often were you bothered by cold sweats?

4=VERY OFTEN  
3=FAIRLY OFTEN  
2=SOMETIMES  
1=ALMOST NEVER  
0=NEVER

77. Think of a person who feels that he is a failure generally in life. Is this person... (Please choose the best answer).

4=VERY MUCH LIKE YOU WERE DURING THAT SIX MONTH PERIOD  
3=MUCH LIKE YOU  
2=SOMEWHAT LIKE YOU  
1=VERY LITTLE LIKE YOU  
0=NOT AT ALL LIKE YOU WERE DURING THAT PERIOD

78. Think of a person who feels he has much to be proud of. Is this person...

0=VERY MUCH LIKE YOU WERE DURING THAT SIX MONTH PERIOD  
1=MUCH LIKE YOU  
2=SOMEWHAT LIKE YOU  
3=VERY LITTLE LIKE YOU  
4=NOT AT ALL LIKE YOU WERE DURING THAT PERIOD

79. Think of a person who is the worrying type— you know, a worrier. Is this person...

4=VERY MUCH LIKE YOU WERE DURING THAT SIX MONTH PERIOD  
3=MUCH LIKE YOU  
2=SOMEWHAT LIKE YOU  
1=VERY LITTLE LIKE YOU  
0=NOT AT ALL LIKE YOU WERE DURING THAT PERIOD

80. When you got angry during the past 6 months how often did you feel uncomfortable, like getting headaches, stomach pains, cold sweats, and things like that?

- 4=VERY OFTEN
- 3=FAIRLY OFTEN
- 2=SOMETIMES
- 1=ALMOST NEVER
- 0=NEVER

81. In general, if you had to compare yourself with the average man or woman your age, what grade would you give yourself during that 6 month period?

- 0=EXCELLENT
- 1=GOOD
- 2=AVERAGE
- 3=BELOW AVERAGE
- 4=A LOT BELOW AVERAGE

82. In general, how satisfied were you with yourself during that period?

- 0=VERY SATISFIED
- 1=SOMEWHAT SATISFIED
- 4=SOMEWHAT DISSATISFIED
- 5=VERY DISSATISFIED

These questions are about medical care you may have needed in the past 6 months.

83. During the past 6 months, how many times did you go to a private outpatient facility (for example, a private clinic or a private physician's office) to obtain medical care for a physical health problem (for example, illness or injury)? Do not include routine health care such as check-ups.

- 0 TIMES
- 1 TIME
- 2 OR 3 TIMES
- MORE THAN 3 TIMES

84. During the past 6 months, how many times did you visit a VA clinic or a VA outpatient facility for a physical health problem (for example, illness or injury)? Do not include exams for the Persian Gulf Registry, or visits for mental health or emotional problems.

- 0 TIMES
- 1 TIME
- 2 OR 3 TIMES
- MORE THAN 3 TIMES

85. During the past 6 months, how many times did you visit a hospital emergency room for a physical health problem (for example, illness or injury)?

- 0 TIMES
- 1 TIME
- 2 OR 3 TIMES
- MORE THAN 3 TIMES

86. During the past 6 months, how many different times were you an inpatient for a physical health problem, that is, you had an overnight stay in a hospital?

- 0 TIMES
- 1 TIME
- 2 OR 3 TIMES
- MORE THAN 3 TIMES

87. Of those overnight stays during the past 6 months, how many were in a VA hospital?

- 0 TIMES
- 1 TIME
- 2 OR 3 TIMES
- MORE THAN 3 TIMES

This next set of questions asks about potentially upsetting experiences that happen to many people at some point in their lives. We would like to know whether or not you had any of these experiences before you entered the military. Certain of these items focus on experiences occurring before you were age 16; others ask about experiences occurring any time prior to your entering the military, reserves, or National Guard.

88. Before you entered the military, had a loved one ever been deliberately killed, murdered during a crime, or killed by a drunk driver? By loved one we mean an either an immediate family member (e.g., parent, child, sibling) or an intimate partner (e.g., spouse, live-in partner).

- YES
- NO

89. Before you entered the military, had you ever been in an accident or fire in which you believed your life or a loved one's life was endangered? This would include incidents in which you or a loved one were seriously injured or a loved one died.

- YES
- NO

90. Before you entered the military, had you ever been in a natural disaster, such as a earthquake, tornado, or hurricane, in which you believed your life or a loved one's life was endangered? This would include incidents in which you or a loved one were seriously injured or a loved one died.

- YES
- NO

91. Before you entered the military, had anyone ever attacked or threatened you with a gun, knife, or some other weapon regardless of whether you ever reported it or not?
- YES  
NO
92. Before you entered the military, had anyone ever physically assaulted you with enough force that they did or could have seriously injured you? Examples would include someone beating you with their fists, choking you, kicking you, throwing you against a wall, or intentionally burning you.
- YES  
NO
93. Before you were age 16, did a parent or other caretaker ever physically assault you with enough force that they did or could have seriously injured you?
- YES  
NO
94. Before you were age 16, did a parent or other caretaker ever hit, kick, or otherwise physically assault or punish you so that you suffered some degree of injury, including bruises, cuts, or other marks?
- YES  
NO
95. Before you entered the military, did anyone ever make you or attempt to make you have oral, anal, or vaginal intercourse against your will by using physical force or by threatening to harm you or someone close to you?
- YES  
NO
96. Before you were age 16, did a relative or anyone who was five or more years older than you ever have oral, anal, or vaginal intercourse with you regardless of whether or not they used physical force or threatened you?
- YES  
NO
97. Before you were age 16, did a relative or anyone who was five or more years older than you ever have any other type of sexual contact with you? By sexual contact, we mean any sexual contact between someone else and your sexual parts or between you and someone else's sexual parts.
- YES  
NO



For the next set of questions, we will be asking you about some experiences you may have had during two different time periods while you were in the military, reserves, or National Guard.

First, we want to know if you had any of these experiences (and how frequently) during the time period from the date that you first entered the military, reserves, or National Guard until August 1990. If you have served in the reserves or National Guard and also been active duty military, please answer regarding the time period from your earliest date of entry until August 1990. (For example: If you entered the army in June 1970 and the reserves in September 1980, you would answer regarding the time period from June 1970 until August 1990.)

Second, we want to know if you had any of these experiences (and how frequently) from the time of your first deployment to the Persian Gulf until July 1991. Please remember that "the time of your first deployment" refers to the first time that you were deployed to the Persian Gulf within the time period from August 1990 to July 1991.

98. How often did you view a continual stream of casualties?

From time entered until 8/90

0=NEVER  
1=1-2 TIMES  
2=3-12 TIMES  
3=13-50 TIMES  
4=51 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER  
1=1-2 TIMES  
2=3-12 TIMES  
3=13-50 TIMES  
4=51 OR MORE TIMES

99. How often did you view casualties (Americans, enemy troops, other military personnel or civilians) who were severely wounded, disfigured or mutilated?

From time entered until 8/90

0=NEVER  
1=1-2 TIMES  
2=3-12 TIMES  
3=13-50 TIMES  
4=51 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER  
1=1-2 TIMES  
2=3-12 TIMES  
3=13-50 TIMES  
4=51 OR MORE TIMES

100. How many times were you involved in the post-mortem preparation and/or evacuation of bodies?

From time entered until 8/90

0=NEVER  
1=1-2 TIMES  
2=3-12 TIMES  
3=13-50 TIMES  
4=51 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER  
1=1-2 TIMES  
2=3-12 TIMES  
3=13-50 TIMES  
4=51 OR MORE TIMES

101. How often did you actively or passively assist someone in their request to die?

From time entered until 8/90

0=NEVER  
1=1 TIME  
2=2 TIMES  
3=3 TIMES  
4=4 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER  
1=1 TIME  
2=2 TIMES  
3=3 TIMES  
4=4 OR MORE TIMES

102. Did you ever sit with anyone dying from military-related causes?

From time entered until 8/90

0=NEVER

1=1 TIME

2=2 TIMES

3=3 TIMES

4=4 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1 TIME

2=2 TIMES

3=3 TIMES

4=4 OR MORE TIMES

103. Were you ever under (enemy) fire?

From time entered until 8/90

0=NEVER

1=1-2 TIMES

2=3-12 TIMES

3=13-50 TIMES

4=51 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1-2 TIMES

2=3-12 TIMES

3=13-50 TIMES

4=51 OR MORE TIMES

104. How many times did you see people critically injured or killed because of leadership errors, personnel shortages, or equipment malfunction?

From time entered until 8/90

0=NEVER

1=1-2 TIMES

2=3-12 TIMES

3=13-50 TIMES

4=51 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1-2 TIMES

2=3-12 TIMES

3=13-50 TIMES

4=51 OR MORE TIMES

105. How many times did you make critical or life-threatening errors in your work because of excessive fatigue or work load (i.e., as compared to the average level of fatigue or work load in the military)?

From time entered until 8/90

0=NEVER

1=1 TIME

2=2 TIMES

3=3 TIMES

4=4 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1 TIME

2=2 TIMES

3=3 TIMES

4=4 OR MORE TIMES

106. How many times did you have to decide who would receive life saving care?

From time entered until 8/90

0=NEVER

1=1-2 TIMES

2=3-12 TIMES

3=13-50 TIMES

4=51 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1-2 TIMES

2=3-12 TIMES

3=13-50 TIMES

4=51 OR MORE TIMES

107. How often were you responsible for making the decision to allow someone to die?

From time entered until 8/90

0=NEVER

1=1 TIME

2=2 TIMES

3=3 TIMES

4=4 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1 TIME

2=2 TIMES

3=3 TIMES

4=4 OR MORE TIMES

108. How often did you provide care or services to enemy personnel that was of lesser quality than you were actually able to give?

From time entered until 8/90

0=NEVER

1=1 TIME

2=2 TIMES

3=3 TIMES

4=4 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1 TIME

2=2 TIMES

3=3 TIMES

4=4 OR MORE TIMES

109. How much of the time did you function in an environment which was unusually uncomfortable (i.e., as compared to the average level of discomfort)?

From time entered until 8/90

0=NEVER

1=1-25%

2=26-50%

3=51-75%

4=75% OR MORE

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1-25%

2=26-50%

3=51-75%

4=75% OR MORE

110. How often were you in actual danger of being injured or killed (i.e., received incoming rockets, mortars, or small arms fire; pinned down or overrun)?

From time entered until 8/90

0=NEVER

1=1-2 TIMES

2=3-12 TIMES

3=13-50 TIMES

4=51 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1-2 TIMES

2=3-12 TIMES

3=13-50 TIMES

4=51 OR MORE TIMES

111. How many times did you lose communications or become cut-off from contact with your own unit or other units?

From time entered until 8/90

0=NEVER

1=1 TIME

2=2 TIMES

3=3 TIMES

4=4 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1 TIME

2=2 TIMES

3=3 TIMES

4=4 OR MORE TIMES

112. How many times did you go on patrol or have other very dangerous duty (e.g., convoys, hazardous transport, guard duty with enemy in the vicinity)?

From time entered until 8/90

0=NEVER  
1=1-2 TIMES  
2=3-12 TIMES  
3=13-50 TIMES  
4=51 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER  
1=1-2 TIMES  
2=3-12 TIMES  
3=13-50 TIMES  
4=51 OR MORE TIMES

113. How many times were you placed on alert for any form of enemy attack (e.g., rocket, mortar, chemical, biological, etc.)?

From time entered until 8/90

0=NEVER  
1=1-2 TIMES  
2=3-12 TIMES  
3=13-50 TIMES  
4=51 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER  
1=1-2 TIMES  
2=3-12 TIMES  
3=13-50 TIMES  
4=51 OR MORE TIMES

114. How many of the women or men you knew, or were close to, were killed, wounded, or MIA?

From time entered until 8/90

0=NEVER  
1=1 TIME  
2=2 TIMES  
3=3 TIMES  
4=4 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER  
1=1 TIME  
2=2 TIMES  
3=3 TIMES  
4=4 OR MORE TIMES

115. How often did anyone make you or attempt to make you have oral, anal, or vaginal intercourse against your will by using physical force or by threatening to harm you or someone close to you?

From time entered until 8/90

0=NEVER  
1=1 TIME  
2=2 TIMES  
3=3 TIMES  
4=4 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER  
1=1 TIME  
2=2 TIMES  
3=3 TIMES  
4=4 OR MORE TIMES

116. How often did you experience any other types of sexual harassment that involved physical contact? Examples would include unwanted sexual touching, grabbing, or brushing against you.

From time entered until 8/90

0=NEVER  
1=1 TIME  
2=2 TIMES  
3=3 TIMES  
4=4 OR MORE TIMES

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER  
1=1 TIME  
2=2 TIMES  
3=3 TIMES  
4=4 OR MORE TIMES

For the next two questions, please answer only about the time of your first deployment; that is, from the first time you were deployed to the Persian Gulf within the time period beginning August 1990 until July 1991.

117. How many times did you work shifts that were 24 hours or longer in length?

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=ONCE A MONTH

2=TWICE A MONTH

3=ONCE A WEEK

4=TWICE OR MORE A WEEK

118. How often did you have a day off or time for R&R?

At time of 1<sup>st</sup> deployment until 7/91

0=NEVER

1=1-2 TIMES

2=3-12 TIMES

3=13-50 TIMES

4=51 OR MORE TIMES

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past 6 months.

119. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

120. Repeated, disturbing dreams of a stressful experience from the past?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

121. Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

122. Feeling very upset when something reminded you of a stressful experience from the past?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

123. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

124. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

125. Avoiding activities or situations because they reminded you of a stressful experience from the past?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

126. Trouble remembering important parts of a stressful experience from the past?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

127. Loss of interest in activities that you used to enjoy?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

128. Feeling distant or cut off from other people?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

129. Feeling emotionally numb or being unable to have loving feelings for those close to you?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

130. Feeling as if your future somehow will be cut short?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

131. Trouble falling or staying asleep?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

132. Feeling irritable or having angry outbursts?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY

133. Having difficulty concentrating?

1=NOT AT ALL

2=A LITTLE BIT

3=MODERATELY

4=QUITE A BIT

5=EXTREMELY



134. Being "superalert" or watchful or on guard?

- 1=NOT AT ALL
- 2=A LITTLE BIT
- 3=MODERATELY
- 4=QUITE A BIT
- 5=EXTREMELY

135. Feeling jumpy or easily startled

- 1=NOT AT ALL
- 2=A LITTLE BIT
- 3=MODERATELY
- 4=QUITE A BIT
- 5=EXTREMELY

Now we would like to know about any pregnancies you have had or fathered since the time of your first deployment to the Persian Gulf Theater. Please think about pregnancies from all relationships you may have had. Include live births, stillbirths, tubal or ectopic pregnancies, miscarriages, as well as induced abortions.

136. Since the time of your first deployment, how many pregnancies have you had or fathered?

- 0 PREGNANCIES
- 1 PREGNANCY
- 2 PREGNANCIES
- 3 PREGNANCIES
- 4 OR MORE PREGNANCIES

137. Since the time of your first deployment, have you and your partner tried for one year or more to conceive a pregnancy, but were unable to do so?

- YES
- NO
- HAVE NEVER TRIED TO CONCEIVE A PREGNANCY

138. Since the time of your first deployment, did any of the pregnancies you had or fathered take more than 6 months to conceive? (That is, you and your partner had unprotected intercourse for more than 6 months and did not conceive during that time.)

- YES
- NO
- HAVE NEVER HAD OR FATHERED A PREGNANCY

139. Since the time of your first deployment, how many of the pregnancies you had or fathered resulted in live births?

HAVE NEVER HAD OR FATHERED A PREGNANCY

0 PREGNANCIES

1 PREGNANCY

2 PREGNANCIES

3 PREGNANCIES

4 OR MORE PREGNANCIES

140. Since the time of your first deployment, how many of the pregnancies you had or fathered resulted in induced abortions?

HAVE NEVER HAD OR FATHERED A PREGNANCY

0 PREGNANCIES

1 PREGNANCY

2 PREGNANCIES

3 PREGNANCIES

4 OR MORE PREGNANCIES

141. Since the time of your first deployment, how many of the pregnancies you had or fathered resulted in stillbirths, tubal or ectopic pregnancies, something else like molar pregnancies?

HAVE NEVER HAD OR FATHERED A PREGNANCY

0 PREGNANCIES

1 PREGNANCY

2 PREGNANCIES

3 PREGNANCIES

4 OR MORE PREGNANCIES

142. Since the time of your first deployment, have any of your children been born prematurely, that is, before 36 weeks?

YES

NO

HAVE NOT HAD OR FATHERED ANY CHILDREN SINCE THAT TIME

143. Since the time of your first deployment, have any of your children weighed less than 5 lbs at birth?

YES

NO

HAVE NOT HAD OR FATHERED ANY CHILDREN SINCE THAT TIME

144. Have any of your children born since the time of your first deployment had any developmental problems, such as slow or abnormal physical, intellectual or mental growth?

YES

NO

HAVE NOT HAD OR FATHERED ANY CHILDREN SINCE THAT TIME

145. Have any of your children born since the time of your first deployment diagnosed with any birth defect, abnormality, congenital or hereditary condition at birth or in the first year of life?

YES

NO

HAVE NOT HAD OR FATHERED ANY CHILDREN SINCE THAT TIME

146. How many children under age 17 currently live with you? Please include in your count adopted, step, and foster children who live with you as well as your own biological children.

NO CHILDREN UNDER 17 LIVE WITH ME

1 CHILD

2 CHILDREN

3 CHILDREN

4 CHILDREN

5 OR MORE CHILDREN

Next we have a few questions about things you may or may not have done in your entire life.

147. In your entire life, have you ever used illegal or street drugs?

YES

NO

148. In your entire life, have you ever taken prescribed psychiatric medications (e.g. tranquilizers, anti-depressants, mood stabilizer, etc.)?

YES

NO

149. In your entire life, have you ever been hospitalized for an emotional or psychiatric problem?

YES

NO

150. In your entire life, have you ever attempted suicide?

YES

NO

151. In your entire life, have you ever been in jail or prison even 1 time (military or non-military)? Do not include times when you were visiting someone else in jail or prison.

YES

NO

The next questions ask about tobacco use. Please answer ALL of the following questions even if you don't use tobacco products or you're not a regular user.

152. When was the last time you smoked a cigarette?

TODAY  
DURING THE PAST 30 DAYS  
5-8 WEEKS AGO  
2-3 MONTHS AGO  
4-6 MONTHS AGO  
7-12 MONTHS AGO  
1-3 YEARS AGO  
MORE THAN 3 YEARS AGO  
NEVER SMOKED CIGARETTES IN MY LIFE

153. Think about the past 30 days. How many cigarettes did you usually smoke on a TYPICAL day?

ABOUT 3 OR MORE PACKS A DAY (MORE THAN 55 CIGARETTES)  
ABOUT 2½ PACKS A DAY (46-55 CIGARETTES)  
ABOUT 2 PACKS A DAY (36-45 CIGARETTES)  
ABOUT 1½ PACKS A DAY (26-35 CIGARETTES)  
ABOUT 1 PACK A DAY (16-25 CIGARETTES)  
ABOUT ½ PACK A DAY (6-15 CIGARETTES)  
1-5 CIGARETTES A DAY  
LESS THAN 1 CIGARETTE A DAY, ON THE AVERAGE  
DID NOT SMOKE ANY CIGARETTES IN THE PAST 30 DAYS  
NEVER SMOKED CIGARETTES IN MY LIFE

154. Have you smoked at least 100 cigarettes in your entire life? (That would be 5 packs or more in your entire life.)

YES  
NO

Next we would like to know about your use of alcohol. By alcohol we mean beer, wine, wine coolers, and hard liquor, such as bourbon, gin, vodka, and so on. Please answer ALL of the following alcohol use questions even if you don't drink or you're not a regular drinker.

155. During the past 30 days, on how many days did you drink one or more drinks of alcoholic beverages? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; or a shot of liquor or a mixed drink or cocktail.

28-30 DAYS (ABOUT EVERY DAY)  
20-27 DAYS (5-6 DAYS A WEEK, AVERAGE)  
11-19 DAYS (3-4 DAYS A WEEK, AVERAGE)  
4-10 DAYS (1-2 DAYS A WEEK, AVERAGE)  
2-3 DAYS IN THE PAST 30 DAYS  
ONCE IN THE PAST 30 DAYS  
NEVER DRANK ALCOHOLIC BEVERAGES IN MY LIFE

156. Think about the days when you drank in the past 30 days. How many drinks did you usually drink on a TYPICAL day? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; or a shot of liquor or a mixed drink or cocktail.
- 9 DRINKS OR MORE  
8 DRINKS OR MORE  
7 DRINKS  
6 DRINKS  
5 DRINKS  
4 DRINKS  
3 DRINKS  
2 DRINKS  
1 DRINK  
NONE IN THE PAST 30 DAYS  
NEVER DRANK ALCOHOLIC BEVERAGES IN MY LIFE
157. During the past 30 days, on how many days did you have 5 or more drinks on the same occasion? By "occasion," we mean at the same time or within a couple of hours of each other.
- 28-30 DAYS (ABOUT EVERY DAY)  
20-27 DAYS (5-6 DAYS A WEEK, AVERAGE)  
11-19 DAYS (3-4 DAYS A WEEK, AVERAGE)  
4-10 DAYS (1-2 DAYS A WEEK, AVERAGE)  
2-3 DAYS IN THE PAST 30 DAYS  
ONCE IN THE PAST 30 DAYS  
DRANK DURING THE PAST 30 DAYS, BUT NEVER HAD 5 OR MORE DRINKS ON THE SAME OCCASION  
NONE IN THE PAST 30 DAYS  
NEVER DRANK ALCOHOLIC BEVERAGES IN MY LIFE
158. During the past month, have you thought you should cut down on your drinking of alcohol?
- YES  
NO
159. During the past month, has anyone complained about your drinking?
- YES  
NO
160. During the past month, have you felt guilty or upset about your drinking?
- YES  
NO
161. In your entire life, have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?
- YES  
NO

162. In your entire life, has a doctor ever suggested that you stop drinking because of a problem with your health related to your drinking?

YES ⇒ Have you had any drinks of alcohol since that time? YES/NO  
No

We are now going to ask about things that may have happened in the last 6 months. In the past 6 months...

163. Were you drinking, high from alcohol, or hung over while you were working, going to school, or taking care of other responsibilities, more than once?

YES  
No

164. Were you missing or late for work, school, or other responsibilities because you were drinking or hung over, more than once?

YES  
No

165. Did you have a problem getting along with other people while you were drinking more than once?

YES  
No

The next few questions ask about your physical and mental health during the past 6 months as well as during your entire life.

166. During the past 6 months, have you had three or more physical problems that have not been adequately understood or explained by your doctor?

YES  
No

167. Have you ever seen a physician or other professional like a psychologist or social worker, for a psychiatric disorder, illness, or emotional or mental health problem, such as anxiety, depression, alcohol, or drug abuse?

YES  
No

168. During the past 6 months, how many times did you visit a mental health professional for a psychiatric disorder, illness, or emotional or mental health problem, such as anxiety, depression, or alcohol or drug abuse?

1 TIME  
2 OR 3 TIMES  
MORE THAN 3 TIMES  
HAVE NOT VISITED A MENTAL HEALTH PROFESSIONAL IN THE PAST 6 MONTHS  
HAVE NEVER VISITED A MENTAL HEALTH PROFESSIONAL

These next questions are about your work and your life in general.

169. In the past 12 months, how many days have you missed from your job for any reason?  
(Please do not include vacation time).

HAVE NOT WORKED FOR PAY IN THE PAST 12 MONTHS

0 DAYS

1-2 DAYS

3-5 DAYS

6-7 DAYS

8-10 DAYS

11 OR MORE DAYS

170. In the past 12 months, how many days have you missed a day from work or school, or were not able to carry out your usual activities because of emotional difficulties or physical health problems?

0 DAYS

1-2 DAYS

3-5 DAYS

6-7 DAYS

8-10 DAYS

11 OR MORE DAYS

171. Have you been unemployed for 3 months or longer since July 1991?

YES

NO

172. Was this due to emotional difficulties or physical health problems?

YES

NO

WAS NOT UNEMPLOYED FOR 3 MONTHS OR LONGER

173. Which of the following best describes your current work situation?

WORKING FOR PAY (INCLUDES ACTIVE DUTY MILITARY)

HAVE A JOB, BUT NOT WORKING (BECAUSE OF MATERNITY LEAVE, BAD WEATHER, STRIKE, SEASONAL WORK, TEMPORARY LAY OFF, ETC.)

UNEMPLOYED OR PERMANENTLY LAID OFF AND LOOKING FOR WORK

UNEMPLOYED OR PERMANENTLY LAID OFF AND NOT LOOKING FOR WORK

KEEPING HOUSE FULL-TIME

IN SCHOOL OR TRAINING PROGRAM

RETIRED

DISABLED, UNABLE TO WORK

174. In the past 3 months, how many hours per week did you usually work for pay?

HAVE NOT WORKED FOR PAY DURING PAST 3 MONTHS

1 - 9 HOURS PER WEEK

10 - 14 HOURS PER WEEK

15 - 19 HOURS PER WEEK

20 - 24 HOURS PER WEEK

25 - 29 HOURS PER WEEK

30 - 34 HOURS PER WEEK

35 - 40 HOURS PER WEEK

MORE THAN 40 HOURS PER WEEK

175. Do you have an emotional or physical disability that currently keeps you from working?

Yes

No

176. Have you filed a worker's compensation claim for any illness, injury, disability, or other emotional or physical health problem that occurred since July 1991?

Yes

No

177. Currently, in which component of the Military do you serve?

I DO NOT CURRENTLY SERVE IN THE MILITARY

ACTIVE ARMY (USA)

ARMY NATIONAL GUARD (ARNG)

ARMY RESERVE (USAR)

ACTIVE NAVY

NAVAL RESERVE (USNR)

ACTIVE AIR FORCE (USAF)

AIR NATIONAL GUARD (ANG)

AIR FORCE RESERVE (USAFR)

ACTIVE MARINE CORP

MARINE CORPS RESERVE (USMCR)

178. In your entire life, how many years have you served on Active-Duty? Do not include Reserve/Guard years. (Please choose the best answer).

LESS THAN 6 MONTHS

AT LEAST 6 MONTHS, BUT LESS THAN 1 YEAR

AT LEAST 1 YEAR, BUT LESS THAN 2 YEARS

AT LEAST 2 YEARS, BUT LESS THAN 3 YEARS

AT LEAST 3 YEARS, BUT LESS THAN 4 YEARS

AT LEAST 4 YEARS, BUT LESS THAN 5 YEARS

AT LEAST 5 YEARS, BUT LESS THAN 10 YEARS

AT LEAST 10 YEARS, BUT LESS THAN 20 YEARS

20 OR MORE YEARS



179. In your entire life, how many years have you served in the Guard or Reserve? Do not include Active-Duty years. (Please choose the best answer).

LESS THAN 6 MONTHS

AT LEAST 6 MONTHS, BUT LESS THAN 1 YEAR

AT LEAST 1 YEAR, BUT LESS THAN 2 YEARS

AT LEAST 2 YEARS, BUT LESS THAN 3 YEARS

AT LEAST 3 YEARS, BUT LESS THAN 4 YEARS

AT LEAST 4 YEARS, BUT LESS THAN 5 YEARS

AT LEAST 5 YEARS, BUT LESS THAN 10 YEARS

AT LEAST 10 YEARS, BUT LESS THAN 20 YEARS

20 OR MORE YEARS

180. Has your marital situation changed since the time you served in the Persian Gulf?

Yes

No

181. What is your current marital situation?

NOT MARRIED, BUT LIVING AS MARRIED

MARRIED

SEPARATED AND NOT LIVING AS MARRIED

DIVORCED AND NOT LIVING AS MARRIED

WIDOWED AND NOT LIVING AS MARRIED

SINGLE, NEVER MARRIED, AND NOT LIVING AS MARRIED

182. What is the month, day, and year of your birth?

\_\_\_\_\_  
Mo. Day Yr.

183. Are you male or female?

MALE

FEMALE

184. Are you of Spanish or Hispanic or origin or descent?

No (NOT SPANISH OR HISPANIC)

Yes, PUERTO RICAN

Yes, MEXICAN OR MEXICAN-AMERICAN OR CHICANO

Yes, CUBAN

Yes, CENTRAL OR SOUTH AMERICAN

Yes, OTHER SPANISH OR HISPANIC ORIGIN

185. Which of these categories best describes you?

AMERICAN INDIAN/ESKIMO/ALEUT

BLACK/AFRICAN-AMERICAN

ASIAN/CHINESE/JAPANESE/KOREAN/FILIPINO/ASIAN/INDIAN/PACIFIC ISLANDER

WHITE/CAUCASIAN

OTHER

186. What is your highest level of education now? (Please choose the best answer).

HAVE NOT YET GRADUATED FROM HIGH SCHOOL

GED OR ABE CERTIFICATE

HIGH SCHOOL GRADUATE

TRADE OR TECHNICAL SCHOOL GRADUATE

SOME COLLEGE BUT NOT A 4-YEAR DEGREE

4-YEAR COLLEGE DEGREE (BA, BS, OR EQUIVALENT)

GRADUATE OR PROFESSIONAL STUDY BUT NO GRADUATE DEGREE

GRADUATE OR PROFESSIONAL DEGREE

187. During the past 12 months, approximately how much income before taxes and deductions did you personally earn from jobs or other employment (including self-employment)? Please only include money from wages, salaries, tips, or bonuses that you received while working for pay. As with all information you provide on this survey, your answer to this question is kept confidential.

0 - \$4,999

\$5,000 - \$9,999

\$10,000 - \$14,999

\$15,000 - \$19,999

\$20,000 - \$29,999

\$30,000 - \$39,999

\$40,000 - \$49,999

\$50,000 - \$74,999

\$75,000 - \$99,999

\$100,000 - \$149,999

\$150,000 - \$200,000

More than \$200, 000

188. During the past 12 months, approximately how much income before taxes and deductions was received by all family members who live with you? Please include not only money from wages, salaries, tips, and bonuses, but also social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income your family received.

0 - \$4,999  
\$5,000 - \$9,999  
\$10,000 - \$14,999  
\$15,000 - \$19,999  
\$20,000 - \$29,999  
\$30,000 - \$39,999  
\$40,000 - \$49,999  
\$50,000 - \$74,999  
\$75,000 - \$99,999  
\$100,000 - \$149,999  
\$150,000 - \$200,000  
MORE THAN \$200,000

189. How many individuals, including yourself, are supported by the family income you reported in Question 188?

1 PERSON  
2 PEOPLE  
3 PEOPLE  
4 PEOPLE  
5 PEOPLE  
6 PEOPLE  
7 PEOPLE  
8 PEOPLE  
9 PEOPLE  
10 OR MORE PEOPLE

190. About how tall are you without shoes on?

4 FEET, 7 INCHES	5 FEET, 0 INCHES	6 FEET, 0 INCHES
4 FEET, 8 INCHES	5 FEET, 1 INCH	6 FEET, 1 INCH
4 FEET, 9 INCHES	5 FEET, 2 INCHES	6 FEET, 2 INCHES
4 FEET, 10 INCHES	5 FEET, 3 INCHES	6 FEET, 3 INCHES
4 FEET, 11 INCHES	5 FEET, 4 INCHES	6 FEET, 4 INCHES
	5 FEET, 5 INCHES	6 FEET, 5 INCHES
	5 FEET, 6 INCHES	6 FEET, 6 INCHES
	5 FEET, 7 INCHES	6 FEET, 7 INCHES
	5 FEET, 8 INCHES	6 FEET, 8 INCHES
	5 FEET, 9 INCHES	6 FEET, 9 INCHES
	5 FEET, 10 INCHES	6 FEET, 10 INCHES
	5 FEET, 11 INCHES	6 FEET, 11 INCHES

191. About how much do you weigh without shoes on?  
(WOMEN: If you are currently pregnant, please enter your usual weight before you become pregnant.)

\_\_\_\_\_ POUNDS

192. We would like to verify your phone number. Is this your correct phone number?

[Label]

Yes

No⇒What is your correct phone number, including area code?

\_\_\_\_-\_\_\_\_-\_\_\_\_\_

The next section is for women. If you are a man, thank you for filling out this survey. If you are a women, please complete this last section.

This section asks questions about women's health issues, including health care and medical conditions.

194. During the past 6 months, did you have any of these conditions? Include times you have had these conditions even if you didn't seek medical care.

HAVE HAD A HYSTERECTOMY [Go to question 197]

In the past 6 months, I have had:

- |    |  |        |
|----|--|--------|
| A. | PREMENSTRUAL SYMPTOMS OR PAIN (PMS, PREMENSTRUAL CRAMPS)                             | Yes/No |
| B. | CRAMPS OR PAIN DURING MENSTRUAL PERIOD REQUIRING MEDICATION<br>OR TIME OFF FROM WORK | Yes/No |
| C. | HEAVY PERIODS (EXCESSIVE MENSTRUAL FLOW)   | Yes/No |
| D. | LIGHT PERIODS (HARDLY ANY MENSTRUAL FLOW)  | Yes/No |
| E. | ONE MISSED PERIOD  | Yes/No |
| F. | NO MENSTRUAL PERIODS FOR 2 OR MORE MONTHS  | Yes/No |

195. In the past 6 months, I have had:

- |    |   |        |
|----|---|--------|
| G. | A PERIOD THAT LASTED LONGER THAN A WEEK             | Yes/No |
| H. | TOO MANY PERIODS (TIME BETWEEN PERIODS TOO SHORT)   | Yes/No |
| I. | BLEEDING BETWEEN PERIODS                            | Yes/No |
| J. | ENDOMETRIOSIS                                       | Yes/No |
| K. | PROBLEM WITH UTERUS (WOMB) OTHER THAN ENDOMETRIOSIS | Yes/No |

196. A Pap smear is when a health care provider inserts a swab into your vagina to scrape cells from the cervix. How long has it been since you had a Pap smear?

WITHIN THE PAST YEAR

MORE THAN 1 YEAR AGO, BUT WITHIN THE PAST 2 YEARS

MORE THAN 2 YEARS AGO, BUT WITHIN THE PAST 3 YEARS

MORE THAN 3 YEARS AGO, BUT WITHIN THE PAST 5 YEARS

MORE THAN 5 YEARS AGO

NEVER

DON'T KNOW

197. During the past 6 months, did you have any of these conditions? (Include times you have had these conditions even if you didn't seek medical care.)

A.	DISCHARGE FROM BREAST	Yes/No
B.	BREAST LUMP	Yes/No
C.	YEAST OR VAGINAL INFECTION	Yes/No
D.	VAGINAL RASH, DISCHARGE, OR OTHER DISORDER EXCEPT YEAST INFECTION OR SEXUALLY TRANSMITTED DISEASE	Yes/No
E.	ABDOMINAL PAIN (FROM KNOWN CYSTS)	Yes/No
F.	ABDOMINAL PAIN (FROM UNKNOWN CAUSE)	Yes/No

198. Have you ever had a Pap smear where the result was NOT normal?

YES

NO

DON'T KNOW

199. If you have had Pap smear results that were NOT normal, have you had any of the following?

Because of a Pap smear that was NOT normal, I have had:

A.	ADDITIONAL TESTS	YES/NO/NEVER HAD ABNORMAL PAP
B.	SURGERY	YES/NO/NEVER HAD ABNORMAL PAP
C.	OTHER TREATMENT	YES/NO/NEVER HAD ABNORMAL PAP
D.	MORE FREQUENT PAP SMEARS	YES/NO/NEVER HAD ABNORMAL PAP

200. About how long has it been since you had your breasts examined by a health care provider?

WITHIN THE PAST YEAR

MORE THAN 1 YEAR AGO, BUT WITHIN THE PAST 2 YEARS

MORE THAN 2 YEARS AGO, BUT WITHIN THE PAST 3 YEARS

3 OR MORE YEARS AGO

NEVER HAD BREASTS EXAMINED

DON'T KNOW

201. Since the time of your first deployment, have you or a health care provider ever found a lump or other abnormality in your breast?

Yes

No

Thank you for completing this survey.

Back cover:

We want you to know that there are many services available to military personnel who served during the Persian Gulf War. Here are some toll-free numbers that you can call for information.

1-800-PGW-VETS (for VA)

1-800-796-9699 (DOD)

1-800-827-1000 (VA Disability-Des Moines)